

Bluegrass Ear, Nose & Throat Clinic, PSC

General Otolaryngology • Allergy & Sinus Disease

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CONSENT FOR INTRATYMPANIC METHYLPREDNISOLONE PERFUSION

PATIENT NAME: _____ DOB: ____/____/____

DATE: ____/____/____ TIME: ____:____ am / pm

Sudden sensorineural hearing loss (SSNHL) is an ear emergency in which the hearing in one ear drops in less than 72 hours. Prompt treatment with oral prednisone can often improve the hearing, but few patients make a full recovery. There are some indications that delivering medicine directly into the ear rather than orally is equally effective and could have potential advantages such as avoiding oral steroid side effects. The drug being used today is injectable **methylprednisolone**, a well known anti-inflammatory steroid. Methylprednisolone is approved by the FDA for other uses but is investigational for this procedure. Injecting steroids into the ear has been gaining popularity in clinical practice. On the basis of your hearing tests and examinations, and the history of your current ear problem, Dr. Makdessian has recommended **Intratympanic Methylprednisolone Perfusion/Injection**.

Procedures: You will receive two weeks of methylprednisolone injections (twice weekly injections for a total of four doses). You will be seen one week, two weeks, two months, and six months after the procedure. At each visit we will test your hearing.

Risks/Discomforts: Since the methylprednisolone is being injected directly through the ear drum, it may cause local side effects such as pain, bleeding, transient dizziness, middle ear infection, ossicle (ear bone) damage (very rare) or persistent ear drum perforation.

Benefits: There may or may not be any direct benefit to you from this treatment. The hope is that direct injection or perfusion of the steroid in the inner ear will increase your chance of hearing recovery. Alternative treatments are available for you and consist of standard oral prednisone or no treatment at all. There are no alternative procedures known to benefit SSNHL at this time.

I certify that Dr. Makdessian or one of his associates has explained this procedure to me and answered my questions. I hereby authorize Dr. Makdessian to perform upon me the following procedure:

LEFT / RIGHT EAR INTRATYMPANIC STEROID INJECTION/PERFUSION

x _____ Date ____/____/____
Patient Signature (or person authorized to consent for patient)

x _____ Date ____/____/____
Signature of Witness

x _____ Date ____/____/____
Ara S. Makdessian, MD, FRCSC, FACS